



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH WEST HOSPITAL

City of Hospital: Avon

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-0158

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$328260023
Outpatient Patient Service Revenue	\$498523228
Total Gross Patient Service Revenue	\$826783251

2. Deductions From Revenue

Contractual Allowance	\$591611299
Other Deductions	\$11985769
Total Deductions	\$603597068

3. Total Operating Revenue

Net Patient Service Revenue	\$223186183
Other Operating Revenue	\$2729021
Total Operating Revenue	\$225915204

4. Operating Expenses

Salaries and Wages	\$48278474	Employee Benefits	\$11162140
Depreciation and Amortization	\$6992974	Interest Expense	\$5728464
Bad Debt	\$15680020	Other Expenses	\$87479096
Total Operating Expenses	\$175321168		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$50594036	Total Assets	\$456392534
Net Non-operating Gains over Loss	\$581113	Total Liabilities	\$456392534

Total Net Gains	\$51175149
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$360514281	\$304443818	\$56070463
Medicaid	\$122534140	\$114413736	\$8120404
Other Government	\$8582280	\$7319683	\$1262597
Other State	\$0	\$0	\$0
Other Payers	\$335152550	\$177419831	\$157732719
Total	\$826783251	\$603597068	\$223186183

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$115688	\$-115688

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$199025	\$-199025
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	1
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	200

Statement Six: Charity Statement

Hospital Charity Charges	\$20441003
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3658940	
HCI Payments	\$0		
Subtotal	\$0	\$3658940	\$-3658940
Medicaid Shortfalls	\$26707963	\$31985518	
Subtotal	\$26707963	\$35644458	\$-8936495
DSH Payments	\$0		
Subtotal	\$26707963	\$35644458	\$-8936495
Medicare Shortfalls	\$38500232	\$40953223	
Other Government Programs	\$0	\$0	
Total	\$65208195	\$76597681	\$-11389486

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments